

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2987
Registrar's No. 402

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2987		Registrar's No. 402			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>				c. LENGTH OF STAY (In this place) _____							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2610 RUSSELL BLVD.</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>							
f. STREET ADDRESS <u>2610 RUSSELL BLVD.</u>				g. (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) <u>John</u>				a. (First) <u>John</u>				b. (Middle) <u>L</u>		c. (Last) <u>McMAHON</u>	
4. DATE OF DEATH <u>JAN 12 1949</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 21-1872</u>	
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 MONTH Days _____		11. IF UNDER 1 HR. Hours _____		12. IF UNDER 1 MIN. Min. _____		13. BIRTHPLACE (State or foreign country) <u>MO</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>				11. BIRTHPLACE (State or foreign country) <u>MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>JAMES McMAHON</u>				13b. MOTHER'S MAIDEN NAME <u>CATHERINE LLOYD</u>			
14. NAME OF HUSBAND OR WIFE <u>GRACE McMAHON</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace M. McMAHON</u>				18. ADDRESS <u>2610 Russell</u>				19. MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>			
b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				c. DUE TO (b) <u>Coronary Embolism</u>				10 minutes			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				43' 15"							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>9-10</u> , 19 <u>49</u> , to <u>1-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>49</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Geo. A. Leib</u>				23b. ADDRESS (Degree or title) <u>MD</u> <u>2323 Lafayette St. Louis</u>				23c. DATE SIGNED <u>1/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>JAN. 15-49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>			
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>				ADDRESS <u>3125 Lafayette</u>			
DATE REC'D BY LOCAL REG. <u>JAN 14 1949</u>				REGISTRAR'S SIGNATURE <u>J. B. Lascater</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe Kollmer

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4014

P. O. Address _____

3125 Lafayette

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.